



National Center for Cultural Competence
Georgetown University Center for Child and Human Development
Centers for Excellence in Developmental Disabilities

CULTURAL COMPETENCE: IT ALL STARTS AT THE FRONT DESK

A great deal of training and effort has been directed at supporting health care and other professionals to provide culturally and linguistically competent services and supports. For most families, however, many interactions precede the actual encounter with the health care provider. Families must make appointments, ask questions about insurance, check in and provide information at each visit, and be escorted in to see the professional. These encounters are typically with staff in the health care provider's office or in a hospital, clinic, or agency setting. Families' experiences in getting services are affected as much, if not more, by these interactions than by their encounters with the health care provider. Unfortunately, too many families continue to encounter the insensitivity, lack of courtesy and respect, bias, and even discrimination in their experiences with the front desk. For the purposes of this article, staff and the interactions they have with families will be referred to as the "front desk."

The following negative consequences may result when the front desk fails to use culturally and linguistically competent practices.

Families may experience:

- feelings of being insulted or being treated rudely;
- fear of contacting the health care provider, office, or hospital;
- confusion about appointments or treatments; or
- feeling unwelcome, unwanted, and not valued.

Children and youth with special health care needs may not receive optimal treatment because:

- parents are fearful or uncomfortable calling for advice, needed appointments, or prescriptions, leading to delayed access to care;
- parents do not make or keep follow-up appointments with the health care provider because of problems with the front desk, resulting in less effective treatment; or
- health care providers do not have adequate information about the nature of a visit and the child's health needs because the front desk has not been able to communicate effectively with the child's family.

♦ "It All Starts at the Front Desk" author: Suzanne Bronheim, PhD. National Center for Cultural Competence ♦

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Providers may face the problematic outcomes including:

- time wasted due to missed appointments;
- loss of patients and income to other professionals because families do not feel welcome at the front desk;
- loss of referrals and reputation when families report to others their negative experiences with the front desk; or
- possible filing by families of a grievance or report of discrimination based on treatment by the front desk.

Families, including family advocates at Parents' Place of Maryland,* shared some of their experiences with the front desk when seeking care for their children and youth with special health care needs. The following stories reflect both individual experiences and compilations of experiences shared by several parents. These stories illustrate the impact on families when the front desk does not employ culturally and linguistically competent practices.

Ms. B. is an African American mother of a child with special health care needs. Frequently, when she walks up to the front desk, she is automatically asked for her Medicaid card. Her family is not eligible for any Medicaid waivers and has private insurance through her husband's employer. She does not appreciate that the front desk automatically assumes that because she is African American, she is poor.

Ms. G. speaks very little English. She finds it very difficult to make appointments and get prescriptions renewed at her child's doctor's office. She chose her child's pediatric practice because one of the doctors speaks Spanish. There is another person in the office who speaks Spanish, but she is often interpreting for patients who are seeing other doctors in the practice. Thus, Ms. G. feels very hesitant about calling the doctor's office and often has to wait for a friend or for one of her older children to make the calls.

Ms. L. has a Hispanic surname and speaks with an accent. She is often upset when she calls a health care provider's office or goes in for a visit, and staff assume she does not speak or understand English. Sometimes this assumption leads staff to speak slowly and loudly. Other times they will have a Spanish-speaking staff person interact with her. Although she is pleased that some health care providers make an effort to have Spanish speakers on staff for families who require this level of language assistance, she wishes they would ask about her specific needs.

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Grace Williams (she has given us permission to use her real name, because it is central to her story) and her family immigrated to the United States from Sri Lanka. Sri Lanka was formerly a British colony; thus, English was the official language and many people took on English names. Once, after just arriving to the United States, she was at a hospital emergency room. She had signed in and was waiting for her turn. The person at the front desk called out, "Grace Williams," and she went to the desk. The desk clerk very nastily told her to go sit down and wait her turn. On the basis of her physical appearance and traditional Sri Lankan dress, the clerk had assumed that she would not have an English name.

Race, ethnicity, and language are not the only cultural issues that can affect interactions between the front desk and families. Ms. T. notes that she is White and middle class. Her child is on Medicaid because of a state waiver program. When she arrives at a new office, she is asked for her insurance card. When Ms. T. pulls out her Medicaid card, she frequently notes a change in attitude and a coldness or rudeness in staff. Ms. T. believes that staff may associate the Medicaid card with lower socioeconomic status, may have preconceptions about people on Medicaid, and may demonstrate attitudes that affect their interactions with her.

Mr. T. is a 23-year-old who is currently busy training for a job, driving to see friends, enjoying social events, and living away from home for the first time. Mr. T. recently had what he and his family consider to be a major triumph—he went to an unplanned, urgent doctor's appointment by himself. Why is this event such an achievement for an otherwise very independent young man? Mr. T. is hearing impaired and uses sign language. He has always been able to communicate effectively with his physician, but one of his parents or an interpreter has accompanied him to his appointments each time, because the front desk cannot communicate with him. Recently, when he needed an urgent care visit, it was too late to get an interpreter and both his parents were busy at work. The night before his appointment, he and his mother role-played the whole check-in process—how he would be asked for his picture ID and his health plan card and what to do if there was a communication problem. They decided that if he could not understand or communicate, he should write down what he needed. Part of linguistic competence is providing language access for individuals with disabilities. Why should it be so difficult for an independent young man to go by himself to a doctor's visit?

The National Center for Cultural Competence (NCCC) believes that staff require organizational support to develop the attitudes, behaviors, skills, and knowledge necessary to serve families in culturally and linguistically competent ways. In many instances, organizations develop policies, provide training, and direct resources to address the cultural and linguistic competence of health care professionals. Frequently, the front desk is not involved in organizational efforts to achieve cultural and linguistic competence, because they are often excluded from planning meetings and training activities. The front desk may not be aware of the attitudes, behaviors, and skills necessary to serve diverse populations. It also may not recognize that these performance requirements should be an integral part of their job. Because of the key roles these staff play for families in accessing health care and other services for their children, organizations need to make specific efforts to support them, because cultural and linguistic competence starts at the front desk.

Families can play an important role in an organization's efforts to ensure that the front desk uses culturally and linguistically competent practices. When interactions with the front desk are problematic or disrespectful, it is important for families to be able to share those experiences with their health care provider or with management at the organization. Staff who work in the practice, hospital, clinic, or agency may never deal with the front desk in the ways families do, and may not know there is a problem. Typically, if one family is not respected, many others are having the same experience. Often, however, families are afraid that if they complain, their care or their relationship with their health care provider will be harmed. In addition, families from some cultures may believe that it is not appropriate to complain or advocate for themselves or to take issue with authority figures. Thus, organizations must take a proactive role in assessing the cultural and linguistic competence of the front desk.

The NCCC suggests that agencies, practices, clinics, and hospitals consider the following guidelines to address the cultural and linguistic competence of the front desk.

Organizational Policies & Procedures

- ❑ Policies and procedures on how to serve individuals who speak little or no English are written and well known to staff. At a minimum, procedures should address what resources are available to staff, how they should determine a family's need for language access services, and how they should handle situations in which communications are problematic.
- ❑ Policies and procedures on how to serve individuals with other communication needs (e.g., hearing impairment and limited literacy levels) are written and well known to staff. At a minimum, procedures should address what resources are available to staff, how they should determine a family's need for language access services, and how to handle situations in which communications are problematic.

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- ❑ Dedicated resources are allocated to provide language access services for the organization.
- ❑ Organization staff are well versed in the policies, and knowledgeable of the procedures, used to provide information to families. Such information enables families to advocate on their own behalf when they experience bias or discrimination in any aspect of the health care organization.
- ❑ Organizational policy requires periodic reviews of the demographic makeup of the communities served to determine whether:
 - additional or new language access services are needed or
 - modifications to policies and practices are needed to address new and emerging populations.

Workforce Development

- ❑ Organizational policies and procedures include efforts to recruit and retain front desk staff who reflect the cultural and linguistic diversity of the communities served.
- ❑ Job descriptions and recruiting notices include skill sets and areas of knowledge related to cultural and linguistic competence.
- ❑ Performance evaluation standards include behaviors, attitudes, knowledge, and skill sets related to cultural and linguistic competence and family-centered care.
- ❑ Front desk staff are included in professional development and training efforts throughout the organization on cultural and linguistic competence and family-centered care. Additionally, front desk staff are provided with new employee orientation and ongoing professional development that includes training activities tailored to how cultural and linguistic competence is incorporated into their specific roles and functions within the organization. At a minimum, the content of such training activities should support front desk staff in:
 - interacting effectively with individuals from different cultural and linguistic groups;
 - working well with trained/certified interpreters;
 - communicating successfully a complex array of information to individuals who possess low literacy skills or who are not literate; and
 - confronting bias, discrimination, and racism in health, mental health, and social service systems.

Quality Improvement

- ❑ Supervisors are knowledgeable about the behaviors, attitudes, and skill sets required by the front desk to work effectively with patient populations that are culturally and linguistically diverse. Additionally, supervisors are trained to conduct effective evaluations of these performance requirements and to support staff in enhancing their performance.
- ❑ Informal and formal mechanisms are used to solicit input from individual consumers about their front desk encounters, with specific queries about their experiences related to the delivery of culturally and linguistically competent care. Results are used to inform quality improvement efforts, including the modification of policies and procedures and/or the provision of training.
- ❑ Mechanisms exist for families to lodge complaints anonymously so that they will not fear reprisals for raising concerns.

An advisory committee, made up of diverse families served by the practice, clinic, or hospital, provides input on overall organization functions. This information should be used as part of continuous quality improvement efforts of the organization. The Parents' Place of Maryland (PPMD) is a non-profit, family-centered organization. Its sole purpose is to enhance the lives of persons with disabilities. PPMD serves the parents of children with disabilities throughout Maryland, regardless of the nature of their child's disability or the age of their child, with education, information, technical assistance, and supportive activities. Efforts of the PPMD include the following activities:

- Conduct regular parent education courses and workshops.
- Help parents find information.
- Provide referrals to other individuals or organizations.
- Work directly with parents to help them obtain the best possible services for their children.
- Maintain our own library with books, videotapes, and other materials that parents can sign out.
- Actively promote support groups and parent-to-parent networking.
- Maintain an up-to-date list of support groups for parents in Maryland.
- Publish a quarterly newsletter for anyone interested in children's needs.

ABOUT THE AUTHOR Dr. Suzanne Bronheim is the Director of the Sudden Infant Death Syndrome and Other Infant Death Project at the National Center for Cultural Competence. She is a clinical child psychologist and has worked with and on behalf of individuals with disabilities and their families for the past 32 years. Dr. Bronheim is the mother of two adults, one who has special health care needs.